

CALIFORNIA CHIROPRACTIC COLLEGES

LOS ANGELES COLLEGE OF CHIROPRACTIC

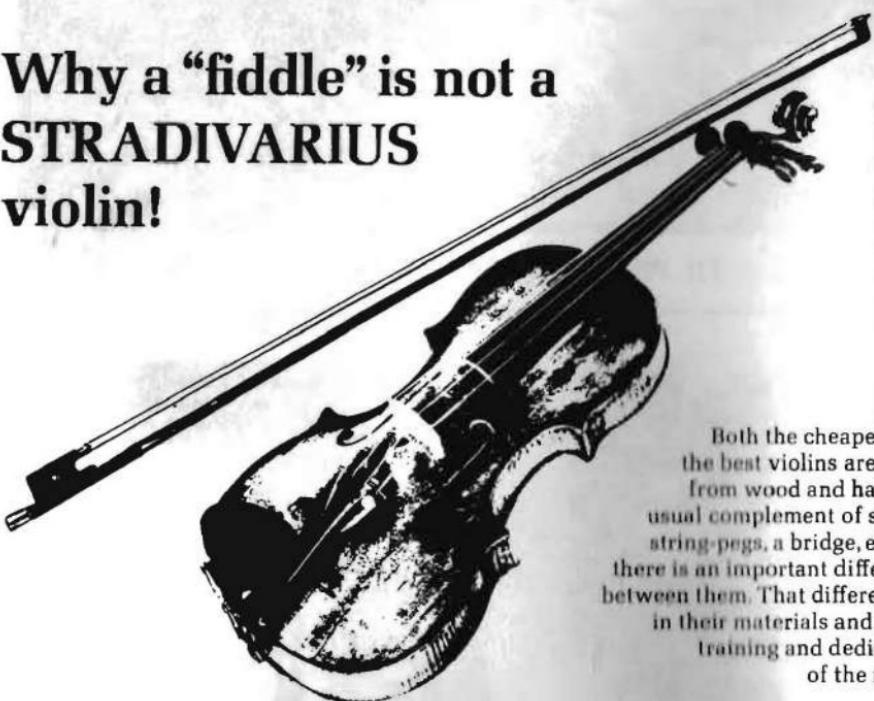
The Chirogram

THE CHIROPRACTIC PHYSICIAN DECEMBER 1976, VOL. 43, NO. 12



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EDITORIAL COMMENT



"And Wise Men Came From the East"

This is one of the aspects of the Christmas Story. Tradition tells us three things about the men, they were wise - they followed a star - and they bore gifts.

In our lives today there are those who are wise - those who follow stars, and those who bear gifts.

The wise ones have depth perception, they can see where they stand today and can compare with yesteryear. They can recognize strengths and weaknesses. They look at history, and in so doing learn from past experiences and mistakes, avoiding pitfalls that, in the light of the present become perfectly plain.

They also see the great episodes and the great people of the past, and they study them in order to incorporate their examples and teachings into their future - for a stronger and better tomorrow. The wise ones develop a sense of direction - set goals - follow a star into the future. They realize that nature has a law, that nothing is dormant - that all things move. Their movements are purposeful, planned and deliberate - and lead in a positive direction.

They bear gifts! Gifts of time - and money; of expertise; gifts of leadership or of supportive roles. Their gifts are unselfish!

So --- it is December again --- year end inventory time.

May we all be counted as wise men, following our stars and bearing our gifts.

To each of you and to yours ----
We wish you a Merry Christmas!

JDK

THE CHIROGRAM • JOURNAL OF THE LOS ANGELES COLLEGE OF CHIROPRACTIC

CIRCULATION — 11,000

THE CHIROPRACTIC PHYSICIAN DECEMBER 1976, VOL. 43, NO. 12

*Dedicated to the dissemination of current and research information
relative to the field of Chiropractic Therapeutics*

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**DR. W. HEATH QUIGLEY APPOINTED
LOS ANGELES COLLEGE PRESIDENT**

W. Heath Quigley, B. S., D. C. has been named President of the Los Angeles College of Chiropractic. In announcing Dr. Quigley's election to the post, Dr. Anthony Bazzano, Chairman of the College Board of Regents, stated that the appointment is effective November 1st.

Until August 6th, Dr. Quigley served as Administrator of Palmer College of Chiropractic. At Los Angeles College, he succeeds Dr. A. Earl Homewood, who served as interim president since the retirement of Dr. George H. Haynes.

Dr. Bazzano further remarked, "We are, indeed, happy to have Dr. Quigley as our Chief Executive Officer. His background -- through education, experience and family heritage -- in chiropractic, combined with his visionary and enthusiastic leadership, will be an inestimable asset to L.A.C.C."

Born and reared in the Greater Pittsburg, Pennsylvania area, he received his elementary and high school education in that community. In 1936 he earned a Bachelor of Science degree in biology from the University of Pennsylvania. Dr. Quigley was awarded his Doctor of Chiropractic degree from Palmer College in 1940.

Working toward his Master's degree, Dr. Quigley emphasized studies in the field of psychology.

His career in chiropractic education began with Palmer immediately after graduation, serving simultaneously as an instructor in technic and in anatomy, as well as becoming a staff member of Clearview Sanitarium, Davenport, Iowa, a mental health facility. Following a three-year interruption -- 1943 - 1946 -- when he served with the U.S. Airforce in the China-Burma-India theatre, earning a Bronze Star, Dr. Quigley returned to Palmer as an instructor in pathology, and as Chairman of the Principles and Practice Committee. He, at the time, also resumed his position with Clearview Sanitarium and entered private practice.

In 1951 he was named Director of Clearview, a post he filled until the facility was closed in 1961. He then returned to the Palmer teaching staff, and subsequently was named Professor of Diagnosis and head of the Diagnosis Department in 1968. Further posts included Dean of Continuing Education, Chairman of the PCC Accreditation Task Force, and Vice President of Student Affairs, until he was named Palmer's Administrator in 1974.



W. HEATH QUIGLEY, B. S., D. C.

Dr. Quigley is a chiropractic author, lecturer and researcher. He is a charter member of the American Chiropractic Association and has served as President of ACA's Council on Mental Health. He also was a member of the Iowa Chiropractic Society, and was a contributor to Chiropractic's "White Paper" in 1968.

Dr. Quigley is a 32° Mason and a Shriner. While at Palmer, he served as a member of the Davenport Mayor's Blue Ribbon Planning Committee and was a member of the Aviation and Higher Education committees of the Davenport Chamber of Commerce.

His clubs were the Crow Valley Country Club and the Quint-City Racquet Club. Dr. Quigley is listed in "Who's Who in the Midwest".

Dr. Quigley, his wife Dorothy and daughter Barbara will reside in La Canada, California.

BOARD OF REGENTS
NAMES NEW COLLEGE DEAN



Dr. J. G. Anderson, formerly Academic Dean of the Los Angeles College of Chiropractic, has been advanced to the position of Dean of the College, according to an announcement made by Dr. Anthony Bazzano, speaking for the Board of Regents of the College.

Dr. Anderson received his Doctor of Chiropractic degree from the Southern California College of Chiropractic in 1946. He began his chiropractic teaching career in 1946 at Southern California, and joined the staff of the Los Angeles College of Chiropractic when Southern California College merged with L.A.C.C. in 1948.

He served as Dean of the L.A.C.C. Graduate School from 1953 to 1964.

In 1968 Dr. Anderson went to England to assist in the formation of the Anglo-European College of Chiropractic. He served as Co-Dean, and Chairman of the Clinical Science Division.

Upon the completion of his duties at the Anglo-European College he returned to the Los Angeles College to assume the post of Chairman of Clinical Sciences Division.

Dr. Anderson is a member of the Delta Tau Alpha Honorary Fraternity, holding Key Number 1 in the Gamma Chapter - as one of the original members.

He is a lecturer of note, having travelled to South Africa, England, Switzerland, and the Scandinavian countries. He has filled 4 lecture engagements in Japan.

He is the author of several textbooks, used in chiropractic colleges.

"This is a thrilling time", says Dr. Anderson, "a time of progress for chiropractic and for this college. I foresee a fulfillment of a dream many have had for this institution for many years."

Referring to the appointment of Dr. W. Heath Quigley as the new President of the Los Angeles College of Chiropractic, Dr. Anderson said, "We are delighted to have a man of the stature of Dr. Quigley heading our college. His long years of experience as a college administrator, together with his devotion to chiropractic education assures the continuation of L.A.C.C. as one of the leading chiropractic colleges in the world."

THE CEREBELLUM AND ITS CLINICAL APPLICATIONS

BY: TUAN A. TRAN, Ph. D.

Department of Anatomy

I. Introduction:

The primary function of the cerebellum is coordination of muscular activity. Joint movement is produced by contraction of a muscle or most often a group of muscles, the prime movers or agonists. Concomitantly, opposing muscles, the antagonists, which possess a certain state of tension must relax gradually to steady the movement. In addition, neighboring or even distant joints are stabilized by muscles, so-called fixators, to provide the agonists and antagonists with a firm base from which to carry out their actions. The muscle groups involved have a complex reciprocal innervation whereby the motor neurons supplying the agonists are facilitated and those to the antagonists are inhibited. While simple as well as complex voluntary muscular activity, such as may be performed by the digits, is initiated at the cortical level, fine automatic regulation (synergy) is provided by the cerebellum. The cerebellum regulates the optimal state of tension in antigravity muscles for the maintenance of posture in standing and sitting, and the synergistic muscular activity involved in the semiautomatic movements associated with walking and running.

II. Functional Neuroanatomy Review of the Cerebellum:

Embryologically and functionally the cerebellum can be divided into three divisions. The archicerebellum (nodulus and flocculi) is the oldest portion. This area is closely associated with the vestibular system. The paleocerebellum or anterior lobe is mainly associated with the regulation of muscle tone. The neocerebellum is also thought to be related to the regulation of muscle tone, however, the exact function of this area is still subject of arguments.

There are four pairs of cerebellar nuclei: the fastigial, the globose, the emboliform and the dentate. Efferent and afferent pathways to the cerebellum travel within the superior, middle and inferior cerebellar peduncles.

The cortex of the cerebellum is furnished with two classes of information. It monitors the "directives" transmitted to motor units from cortical and subcortical centers. At the same time proprioceptive reports are sent back to the cerebellum from the muscles. These reports are supplemented by additional information conveyed from tactile end organs and from the organs of equilibrium, vision and hearing; the cerebellum must then correlate, integrate, and evaluate the vast array of afferent signals it receives. In turn, impulses are discharged from the cerebellum and fed back to wide-spread areas of the central nervous system.

Significantly, electrophysiologic studies in animals have shown the cerebral cortical areas are reciprocally connected to those cerebellar cortical areas possessing a similar function. Stimulation of the cerebral motor cortex or somesthetic area evokes responses from essentially the same areas of the cerebellar cortex that receive impulses from proprioceptive and tactile receptors. In similar fashion, stimulation of the visual or auditory cerebral cortical area evokes responses from cerebellar cortical areas receiving auditory or visual impulses. Conversely, stimulation of the cerebellar cortex and recording from the cerebral cortex indicates that those cerebellar areas receiving tactile and proprioceptive impulses discharge to cerebral somatic motor and sensory areas; also those cerebellar areas receiving auditory and visual impulses project to cerebral auditory and visual areas. It appears, then, that specific areas of the cerebral and cerebellar cortices, each receiving similar somatic afferent impulses, are reciprocally connected.

Experimental studies provide some clues regarding cerebellar function. Before the turn of the century it was demonstrated that stimulation of the anterior lobe of the cerebellum inhibited extensor muscle tone in a decerebrate animal (Sherrington). More recently it has been shown that not only can extensor muscle tone be inhibited in the brain stem transected decerebrate animal by high frequency stimulation of the anterior lobe of the cerebellum but also that low frequency stimulation of the same area can facilitate extensor rigidity. Experimental data indicates that impulses evoking both responses are relayed by the fastigial nucleus. It seems likely that inhibitory influences are mediated by discharges to inhibitory centers in the medullary reticular formation; and facilitory influences by discharges to vestibular nuclei. The rigidity in the decerebrate animal appears to be caused by facilitory reticular centers acting mainly on gamma motor fibers since the neuromuscular spindles are quite active. Thus the increased extensor muscle tone is considered to be principally a myotatic or stretch reflex phenomenon. Stimulation of the anterior cerebellar lobe inhibits discharges by the gamma efferent fibers abolishing the extensor rigidity. In contrast, ablation of the anterior lobe of the cerebellum produces an exaggeration of decerebrate rigidity. The increase in rigidity is thought to be due to a release of the vestibular systems from the influence of cerebellar inhibition.

III. Clinical Applications:

Lesions involving the archicerebellum ("vestibular cerebellum") such as tumor of the flocculonodular lobe, produce a gross defect in equilibrium and locomotion. Maintenance of correct upright posture is drastically affected. The patient is generally unsteady when standing. He walks with a wide base, sways from side to side, and has a tendency to fall backward. In general, he presents the picture of an intoxicated person. Nystagmus may occasionally be present. There is little or no change in muscle tone or reflexes.

Discrete lesions of the paleocerebellum are rare in humans and a typical anterior cerebellar syndrome, such as may be produced experimentally in animals has not been described in man. Following anterior lobe lesions, cats and dogs have increased extensor muscle

tone and severe disturbances of posture. They exhibit increased supporting reactions and hyperactive deep reflexes, incoordination of the trunk, extreme opisthotonus (an arched position of the body with feet and head on the floor caused by a tetanic spasm commonly seen in meningitis and tetanus), and periodic tonic seizures. The symptoms probably result through a loss of anterior cerebellar inhibition of brain stem and spinal motor neurons expressed through the bulbar inhibitory center via reticulospinal tracts.

Lesions of the neocerebellum result in atonia, disorders of muscular contraction, disorders of voluntary movement, and tremor. The muscles are flabby (hypotonia) and tire easily. Disorders of voluntary movement (asynergia) are severe. When a patient is asked to touch or point to an object, he is unable to gauge distance properly (dysmetria) and undershoots (past-pointing) the mark. When he attempts to perform a complex act involving the simultaneous movement at several joints, the action may be broken down into its individual parts, each involving a single joint (decomposition of movement). Disorders of muscle contraction are dramatically demonstrated when the elbow is made to flex against resistance and the arm is suddenly released. In contrast to a normal individual in whom contraction of the triceps will prevent overflexion, in lesions of the neocerebellar, contraction of the triceps is delayed and the patient may hit himself in the chest or face. The cerebellar patient is unable to perform rapid alternating movements, such as supination and pronation of the hand (adiadochokinesis). Nystagmus, indicating asynergy of the ocular muscles, may also be observed. The symptoms observed are due to a lack of cooperation between the cerebral cortical motor area and the cerebellum dentate system. The cerebral motor cortex is able to initiate voluntary movement but synergy of the various muscle groups involved is defective.

Due to the nature of cerebellar connections it should be clear that cerebellar lesions produce disturbances on the ipsilateral (homolateral) side. This is in contrast to lesions in the cerebral cortex, where disturbances occur on the opposite (contralateral) side. It is also important to recognize that disturbances from cerebellar lesions are due to the activity of intact neuronal circuits released from the regulating influences of the cerebellum.

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CHIROPRACTIC RESEARCH SEMINAR HELD

Chicago, Ill. - Eleven chiropractic colleges were represented at a three day research seminar, sponsored by the Foundation for Chiropractic Education and Research (FCER) and the Springwall Education and Research Trust.

Workshop sessions covered a wide range of problems in research, including methodology, correct preparations of applications for FCER and other research grants, released time and equipment needs on campus, range of topics for chiropractic research, exchange of information between colleges and others.

A second seminar is planned next spring.

Representing the following colleges of chiropractic were Doctors John Allenburg and Dale Good, Northwestern of St. Paul, Minnesota; Carl Cleveland III, Cleveland of Kansas City and Cleveland of Los Angeles; William C. Davis, Western States, Portland, Oregon; Martin Jenness, Palmer, Davenport, Iowa; Leo LaVoy, National, Lobard, Illinois; Seymour Lemeshow, Columbia, New York, N. Y.; Gilbert Rodrigues, Sherman, Spartanburg, S. C.; Frank Rudesal, Texas, Pasadena, Texas; Tuan Tran, Los Angeles, Glendale, California; and John Triano, Logan, Chesterfield, Missouri.

Opening the seminar, Dr. Van D. Mericas, Dearborn, Mich., FCER vice-president said, "We're having growing pains. We are very proud of the academic levels which we have reached by the chiropractic colleges. Now research must come from our own campuses. We can put a great deal of emphasis on it, and this seminar is the beginning of it."

Jean Dyar of Brighton, Colorado, Trustee of the Springwall Trust, said the seminar "testified to your conviction that research is the profession's greatest priority." She pointed out that Springwall has financed FCER research capability studies at five chiropractic colleges and that two more are scheduled this year.

Dr. Henry G. West, Jr., of Pocatello, Idaho, president of the American Chiropractic Association, said that "development of our research program is essential to the continued success of chiropractic."

Seminar leaders were Dr. Joe M. Bohlen, professor of sociology at Iowa State University, and Dr. John Hartman, professor and chairman of the department of sociology at Wichita State University, in Kansas.

Dr. Bohlen said the "no strings attached" era of research grants is over. "Projects must be justified," he said, "and FCER is among the agencies that 'demand accountability' ". Both Dr. Bohlen and Dr. Hartman serve on a FCER committee that reviews applications for new research grant and interim reports from research projects in progress.

Dr. Hartman said that opportunities in research work are coupled "with an openness of mind by the researcher, a willingness to change, and a certain cynicism in the sense of realizing that there are no unimpeachable sources".

Everyone has every right to ask "on what basis did you say what you said", he declared. "And when I tell you it's that way because I say it's that way, that's not satisfactory."

Dr. Hartman, who led a detailed discussion on preparation of applications for grants, also cautioned against being overly defensive about research work "and responding to every parry that's made". He said some such activity can be "like boxing - hitting an individual who hits you in return and it goes on and on". Dr. Hartman said that "unless you need the feeling of being an outgroup to produce in-group solidarity", such activity is "not productive".

Dr. Ralph G. Miller, newly appointed executive secretary of the Council on Chiropractic Education (CCE), stressed the importance of research to accreditation. He defined accreditation as "a situation in which a profession looks at itself and asks whether it is doing what it says it is supposed to be doing".

Dr. Ralph D. Stokes, assistant CCE executive secretary, said a firm dedication to research by the chief executive of each college is necessary, including release time for faculty engaged in research projects. He asked for names of students who might be interested in a career in research.

Other speakers included D. Joseph Janse, president of National College, to which the researchers made a visit to see the college's research facilities; Dr. Arthur M. Schierholz, FCER secretary-treasurer; Walter Hellyer, president of the Columbia Mattress Company of Chicago, a Springwall associate; and representatives of two publications, William L. Luckey and George Davidson of the Digest of Chiropractic Economics, and Dr. William S. Rehm, editor-in-chief of the Mid-Atlantic Journal of Chiropractic.



BACK ROW, L to R, Drs. Limeshow, Rodrigues, Davis, Good and Jenness.
FRONT ROW: Drs. Lavoy, Rudeseal, Cleveland, Tran and Triano.

65th ANNIVERSARY OF L A C C HELD AT HOMECOMING

Homecoming at the Los Angeles College of Chiropractic has come and gone, and was counted by all a huge success.

This was a special Homecoming -- it was the 65th Anniversary of the College. It was fitting that upon this 65th Anniversary, a new classroom building be dedicated and named.

The dedication of the new building took place on Friday evening October 15th. It was the official opening of Homecoming festivities. The ceremonies were attended by many doctors from the field, political figures and by representatives of the community.

Dr. Carroll Lowery, Dean of Students, acted as Master of Ceremonies, and Dr. J. G. Anderson, Dean of the College, welcomed visitors to the new building and to the campus.

Dr. Leonard Savage, Vice-President of the Board of Regents, introduced the Honorable Warren Haverkamp, Mayor of Glendale, who welcomed visitors to the city. Dr. F. Maynard Lipe, Dean of the Graduate School, introduced the prominent visitors. The building was blessed by the Reverend Father Robert Spicer-Smith. One highlight of the program came when Dr. Robert Jackson, Governor of the American Chiropractic Association presented a plaque to Dr. George H. Haynes, President Emeritus of the College, citing the many contributions made to chiropractic education by Dr. Haynes. His notable work in helping to bring about accreditation of chiropractic colleges was also pointed out.

Dr. Richard Timmons, President of the Western States Chiropractic College, at Portland, Oregon, officially dedicated and named the new building the GEORGE H. HAYNES BUILDING, and unveiled the bronze plaque naming the building. The plaque will be affixed to the outside of the building.

The keynote speaker of the evening was Dr. James Parker, of the Parker Chiropractic Research Foundation, Fort Worth, Texas. Dr. Parker lauded Dr. Haynes, and pointed out the great importance of a virile educational system within the profession. Dr. Parker was introduced by Dr. Keith Havet, President of the Alumni Association, which sponsored the Homecoming.



Dr. Robert Jackson, center, presents plaques to Dr. George H. Haynes, as Mrs. Haynes looks on.



Dr. J. G. Anderson, Dean of Los Angeles College of Chiropractic, (left) and Dr. Richard Timmons, President of Western States College hold the plaque to be affixed to the front of the new George H. Haynes Building. Dr. Haynes, for whom the building is named is in the center.

The following firms helped make the Homecoming a success:

Professional Products Mart	Safeguard Business Systems
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CSI: Chiropractic Specialties, Inc.	Sivad
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FABLES, FACTS, AND FOODS

By Leonard D. Godwin, D. C.

Fifth in Series

EXPERIMENTAL ANIMALS

For years many people have criticized and otherwise objected to the use of laboratory animals by experimental psychologists, physiologists, and nutritionists. Their objections have stemmed from a deep sense of empathy (feeling with or for) the presumed "tortured" animals, or they have protested that experimental results obtained, for example, on rats may prove certain things about rat-psychology, rat-physiology, or rat-nutrition, but not necessarily anything about human beings. Let's look at these objections.

Scientists as a group are not any more spiritual or cruel than the population at large. There is no greater percentage of sadists (a mental aberration of extreme pathological cruelty) among scientists than among other groups and probably even a smaller percentage. The "mad scientist" is a Hollywood horror-creation that unfortunately has become embedded in the public mind as a stereotype. Notice also that the greatest kind of in-human cruelty imaginable by horror scripters is portrayed as monstrous treatment of human beings. Most people, and this certainly must include the very human scientist, take no pleasure in either watching or inflicting pain on helpless animals. Quite the contrary, the scientists take every possible step they can in their laboratory experiments to avoid unnecessary suffering by their subjects.

The scientist, in his drive to uncover new knowledge about human beings, cannot experiment directly on them in every instance. So he is forced to select an animal substitute, one whose metabolic relationships closely approximate our own, with the hope that knowledge thus obtained will have some transfer value to human beings. The rat, specially bred for this, is most often used because of its metabolism, its cost, and its brief life-cycle. There is no insinuation that all humans are therefore merely two-legged rodents,

though I have met a few that seem to qualify as such, at least, at the time.

Now, let's look at a typical experiment: The Los Angeles Times, April 26, 1969, reported the results of an interesting experiment at UCLA. In brief, the conclusion was that a lack of protein in the diet of pregnant rats results in less than the normal number of nerve cells in the brains of their offspring. This, we may safely conclude, is true for rats, but is it also true for human offspring? This is an important bit of information with possible far-reaching consequences for our species. The probability is high that the same results or nearly similar results would be obtained if the experiment were performed on human beings. Science can not report as true somebody's wild-haired notions just because those notions seem logical or true. Thanks to scientists and such experiments as cited above, we no longer believe the world to be flat.

On the other hand, the nutritional experiment on pregnant rats was done on rats, not humans. Can the results be transferred to our species? It would seem so, with reservations, but we cannot be absolutely sure, can we? It wasn't too kindly an act for the rat mothers, yet ... are there any volunteers rushing forward to allow the scientists to confirm such conclusions? I hope not!



ODD FACTS IN HUMAN APPLIED ANATOMY

Arthur V. Nilsson, A. B., D. C.

Los Angeles College of Chiropractic

At first glance some of the statements which are to follow may seem too odd to be taken seriously, but on closer inspection they will be found to be true.

1. **THE NASAL CAVITY HAS RADIATOR FINS:**

The nasal cavity is divided by a septum into two halves. Into each of these protrudes a Superior, a Middle, and an Inferior Osseous Concha. Each of these is composed of a thin, bent osseous plate which, in life, is covered by a highly vascular mucous membrane directly connected to the periosteum of the respective concha. It is due to the relatively rich arterial blood supply of this membrane that the inhaled air is warmed to a slight extent. This heating system is of great value during the winter in the colder climates. In fact, in the places where ultra-cold weather exists mouth breathing is avoided whenever possible. These conchae also collect dust particles which might be present in the air. In addition voice experts tell us that these nasal conchae as well as the meatuses and nasal sinuses

play a great part in the production of a suitable quality of the human voice.

2. **COMPARATIVE ANATOMY:**

The fact that all living beings belonging to the Vertebrates actually have a vertebral column is, of course, taken for granted even if the size varies. The classical example is the comparison between the necks of the giraffe and the mouse. However, much as the length of the necks of these two animals differs, the number of the cervical vertebrae is the SAME! SEVEN! Can you imagine the size of each cervical vertebra in the giraffe as compared to those in the mouse?

3. **SNORING:**

This form of audible inhalation of air seems to be characteristically human. It is caused by the fluttering of the soft palate during inhalation. Snoring is of an involuntary nature. There are some theorists who feel that snoring is nature's way of waking the subject in the case of impending trouble in the larynx and yet, most snorers awake refreshed and ready for the day ahead with no idea whatever of how much noise they made in their sleeping hours.

4. **SUCTION BY VACUUM IS USED IN "BLOWING THE NOSE"**

Some may think it is utterly ridiculous to even mention this form of nasal hygiene. As children most of us on occasion were told to "blow your nose!" But were we told how to blow? Most likely not. Unless one nostril is held closed there is the danger of forcing the nasal exudate into the pharyngeal orifice of the auditory (Eustachian) tube. This could lead to a lowering of the acuity of hearing or even an infection of the middle ear.

5. **A PERFECTLY STRAIGHT BACK VERTICALLY WOULD BE ABNORMAL:**

It would exclude the cervical, thoracic, lumbar and sacrococcygeal cavities as we now have them. It would call for a radical rearrangement that might rob us of our present vertical position and force us to become quadrupeds.

6. **WHERE IN THE BODY WOULD WE FIND COMPLETELY PURE BLOOD?**

Nowhere, for the blood is constantly moving and absorbing anabolites (tissue-building material) and segregating and discharging catabolites (waste matter) for elimination. It may be said that the blood just leaving the kidneys has a smaller quantity of catabolites, but of course, is still venous, i.e., it still contains more carbon dioxide than oxygen.

SEASON'S GREETINGS

FROM

DR. ARTHUR V. NILSSON

CCE GAINS COPA RECOGNITION

Recognition by the Board of the Council on Post Secondary Accreditation (COPA) has been gained by the Council on Chiropractic Education (CCE) of Des Moines, Iowa.

The recognition is for the accreditation of schools and/or programs leading to the degree of Doctor of Chiropractic.

Voluntary efforts to improve chiropractic education were undertaken as early as 1935 by the National Chiropractic Association, now the American Chiropractic Association. In 1971 the Council on Chiropractic Education was incorporated as an autonomous national organization. It is sponsored by the American Chiropractic Association and such other chiropractic organizations as accept the responsibility of sponsorship.

In December, 1975, the Commissioner granted three years additional recognition to the CCE. Currently four schools, including the Los Angeles College of Chiropractic, are accredited, four are candidates for accreditation, and two have filed letters of intent to apply for candidacy, and the others (3) have no status. Besides thirteen American institutions, there are three foreign colleges of chiropractic.

The findings of the panel (COPA) were favorable and its recommendation to the COPA Executive Committee is as follows:

"That the Council on Chiropractic Education be initially recognized by COPA for a period of five years (until January 1, 1982) for its accreditation of educational programs leading to the Doctor of Chiropractic degree."

The following is the notification from the Council on Post-secondary Accreditation:

October 14, 1976
Dr. Orvill L. Hidde, Chairman
The Council on Chiropractic Education
1434 East Main Street
Watertown, Wisconsin 53094

Dear Dr. Hidde:

This is to notify you that the Board of the Council on Post-secondary Accreditation on October 13, 1976, concurred with the recommendations reflected in the attached COPA Recognition Record.

Your organization thus becomes recognized for the scope and period of time set forth in the record.

Sincerely,

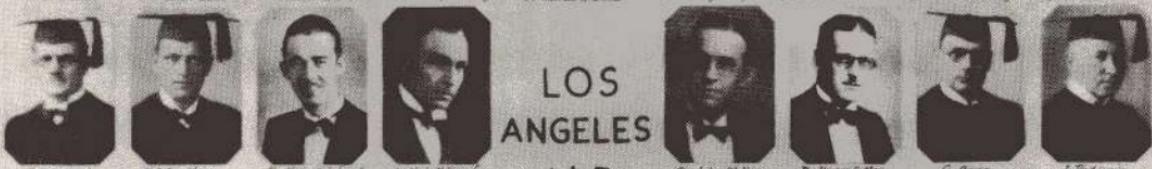
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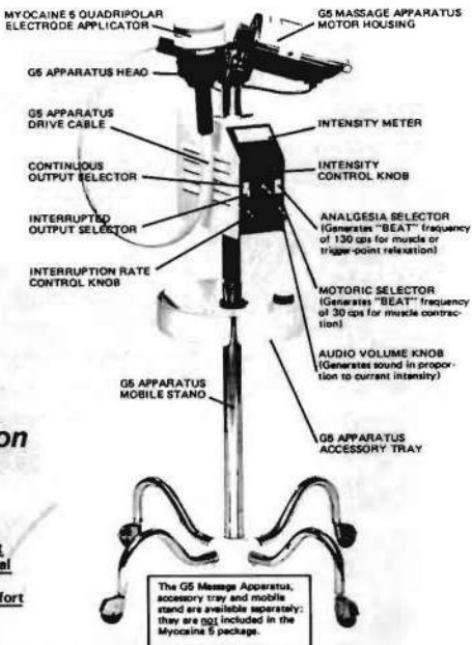


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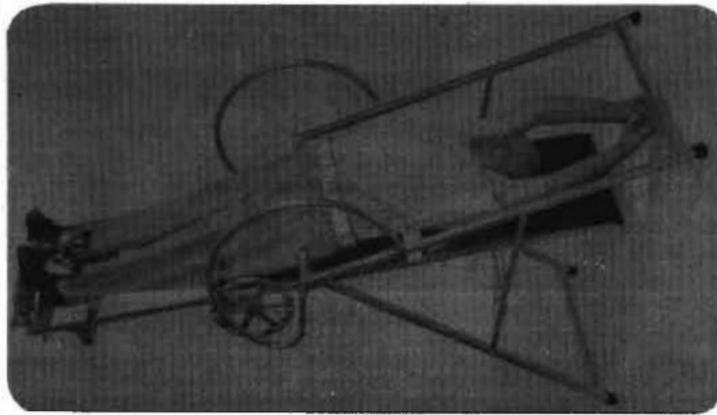
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